Utah Digital Health Commission Meeting Minutes
Thursday May 7, 2009
10:00 a.m. -12:00 p.m.
Room 101
Utah Department of Health
288 North 1460 West
Salt Lake City, Utah

Minutes

Members Present: Joseph Cramer (Chair), Brad LeBaron (Vice Chair), Mark Munger
and Marc Probst
Via Video Conferencing: Deb LaMarche and Dennis Moser
Via Telephone: Jan Root
Members Absent: Rulon Barlow, Scott Barlow, Natalie Gochnour, Chet Loftis, and Nancy
Staggers
Staff Members: Humaira Shah and Wu Xu (UDOH, Office of Public Health Informatics)
Guests: Sharon Donnelly (HealthInsight), Mark Fotheringham (Utah Medical Association),
Francesca Lanier (UDOH), Barry Nangle (UDOH), Tanji Northrup (Insurance
Department), and William Stockdale (UDOH),

Introduction:

Dr. Joseph Cramer, the commission Chair, called the meeting to order. The minutes of the March
19, 2009 meeting were approved unanimously.

Utah Comments on the NCVHS Hearing on "Meaningful Use":

Sharon Donnelly from Utah Chartered Value Exchange at HealthInsight presented Utah's public
comments on Tangible Incentives for Meaningful Uses of HIT to Stimulate the Economy and
Health (http://health.utah.gov/phi/ehealth/comments.pdf) She discussed that to define the
"meaningful use" is not about having just an EMR, it's about the use of EMR and getting quality
and better safety from the care. Utah has given a lot of feedback to the National Committee on
using health information exchange for quality and safety.

Joe said that meaningful use is the quality improvement that makes a change in the system and
changes the system for the better. If primary care is better supported by an EMR then that's an
improvement in the system. He thought it would be an improvement if we treat our
pharmaceutical colleagues as physicians and as partners then that's going to be a meaningful use
type of thing.

Motion:
When seven commissioners presented, Joseph Cramer asked for a **motion** of support on the
meaningful use document. Brad LeBaron moved for commission support. The motion passed
unanimously.

HIT Governance Consortium and its Meetings:

Barry Nangle commented on Utah HIT Governance Consortium Statewide Vision and Partnership (http://health.utah.gov/phi/ehealth/HITGC.pdf) by saying the purpose of this body is to prepare Utah to take advantage of the opportunities for health information technology funds that were proposed in ARRA (American Recovery Reinvestment Act) stimulus package. Dr. Sundwall wanted to convene a group of health information technology stakeholders that would be representatives to keep Utah's proposal. They first met with the Utah HIT Governing Consortium and as a result of that meeting; they were to develop a document that would give a vision for health information technology development in Utah. He thought the focus of the document was to say that Utah has a lot of pieces already in place when it comes to digital health services. It also says that the statewide system will be a federated model of standards based exchange using electronic health records.

Joe added that one of the critical bullet points is the idea that it is a collaborated and cooperative environment. The other is pitching the commission as a regional source of this so they look at Utah and think that we have a history of sharing with Western Region VIII, Medicare and various other things. HIT is done in a political environment with legislative support. The next point is the concept of how critical the MPI (Master Person Index) is. These are selling points for Utah on a federal level.

Brad LeBaron recommended including the Utah Digital Health Service Commission as one of the Liaison Organizations for the Consortium. Joe said that the commission could serve as an advisory body to this Consortium.

Motion:

Brad proposed a motion to recommend Dr. Sundwall and Consortium to adopt the document, entitled "the Utah HIT Governance Consortium Statewide Vision and Partnership," including the Utah Digital Health Service Commission as a liaison.   The motion passed unanimously..

UHIN cHIE Project Pilot Area:

Jan Root presented the State-Wide Secure Clinical Health Information Exchange (http://health.utah.gov/phi/ehealth/stetewide_chie.pdf) by saying UHIN-cHIE project is getting a clearer picture for goals for 2009. Their Community Project Management Committee (CPMC) has selected the initial implementation sites, which are Box Elder and Cache Counties as one area, Moab and Grand County as another. UHIN has to first complete and approve changes to the ECA (Electronic Commerce Agreement), the cHIE agendum, and privacy and security. They also need to complete process of enrolment of users and identify needed policy for this and address an issue of duplication of data on the edge servers. About 151 out of 158 physicians in Box Elder and Cache Counties have been contacted along with 21 physicians in Moab and Grand County. They also need to begin Phase Zero which is testing the MPI. Data sources for clinical identifiable data are being talked about. She said they are looking to evaluate the phase zero for data sources, for identity managing and staffing of the MPI. One big issue is user's identification

and authentication. Phase Two is to test the query. They will be looking at identities from the data users' perspective and managing patients consent.

Joe suggested Jan to talk about the characteristics of Box Elder and Cache County. Part of the reason is to begin the consent of exchange of information between different corporate entities in a confined space. Jan said there is a lot of political socioeconomic market landscape characteristics that made Box Elder/Cache County attractive as a pilot site. She was excited about the positive feedback UHIN have been receiving.

Brad LeBaron asked if the physicians are buying into related cost of participation or is it shielded from them. Jan said they are doing their best to explain what the costs will be. One problem will be what their EMR will charge them to connect to the cHIE. Jan found it interesting that three EMRs have voluntarily offered to waive all connecting fees for connecting to cHIE. Joe was concerned and worried about the fees for providers.

Wu Xu asked Jan when her staff contacts providers in Moab or Cache County, is public health included? Jan said she believed they have contacted the public health department in Logan but not sure about Moab. Deb LaMarche said there is a public health office in Moab.

The Physician Education Toolkit Developed by the Health Information Privacy and Security (HISPC) Project:

Joe began by saying that the federal government has funded the HISPC program in multiple states. They are trying to come up with the idea of how to secure privacy in these exchanges in health arenas. Francesca Lanier brought together attorney groups and provider groups. He talked about how different representatives got together and realized challenges each state had. He mentioned that different states had different security rules and some were broader or more confining. He presented the website where the tool is available (http://securityforhealth.org). The HISPC project wanted to disseminate this website to the provider community. Francesca said the reason the office of the national coordinator is dispatching these resources is primarily to get feedback. Marc Probst said he took a look at it and it seems very basic and simple but thinks a lot of physicians won't learn a lot from it because it is so simple.

Update on the State Planning and Implementation Grants in ARRA:

Wu summarized a NGA presentation on the Recovery Act towards the states responsibilities on the "state grants". The grant goes towards the state for two types of activities: planning and implementation. Francesca's HISPC project is funded by ONC and UDOH expected her to watch the opportunity from ONC. The "state grants" will require non-federal fund match starting 2011 and also the match proportion went up. There are four potential funded activities: one is UHIN-cHIE participation in nationwide exchange. Next is development of exchange and addressing the needs of safety net providers, the third is to use EHR for the quality and public health purposes. The last is educating consumers. The states that have detailed plans in place may apply for an implementation grant.

Joe commented that to receive EHR incentives from Medicaid a provider has to have a certain amount of patients be Medicaid, like 30%; most of practices will not meet this criterion. Brad provided more supporting information. Uintah County is the second poorest county in the state. Uintah Medical Center only has 15-18% of patients who are on Medicaid.

Other Business:

Marc Probst asked if there was anybody that governs what we are doing with the clinical information exchange? Marc Probst asked, is there a process to where decisions that need to be made for the cHIE to move forward? Joe said as a practitioner that was always an issue. Barry said maybe it is the Health Information Technology Governance Consortium.

Dennis Moser commented on the process of developing the House Bill 47 that Representative Menlove ran last year. There was discussions on what should be regulatory authority within the Health Department for the cHIE, but in order for that bill to pass it was severely watered down. Marc said he doesn't want the state to govern UHIN but the state is a major participant in UHIN. The commission would like to further discuss this issue at the next meeting.

Meeting Evaluation and Next Steps:

Joe thanked everyone for their devotion to their work also he congratulated Mark for his national appointment for the ONC HIT Policy Committee and thinks it's a great plus for him and his organization and for the commission as well. Meeting adjourned.